Restraint in British and American insane asylums

RESTRAINT

In British and American Insane Asylums.

[From the *American Journal of Insanity*, for April, 1878]

RESTRAINT IN BRITISH AND AMERICAN INSANE ASYLUMS.

For some years past the increased public interest in the care of the insane, and the earnest and thorough discussion of the subject by the Association of Medical Superintendents of American Institutions for the Insane has resulted in great good; first, in laying down sound principles for the construction, organization and management of institutions, and second, in securing in the various States such legal enactments as will better insure the interests of the general public, and the welfare and rights of the insane.* In the State of New York the laws relating to the insane have received the most careful revision and codification, and this, with the establishment of a State Board of Charities and a Commissioner in Lunacy, leaves little, if anything, further to be desired. Very naturally the discussion has brought to the surface persons who have had little or no practical experience with, or knowledge of, insanity, and who are not connected with asylums, who have been agitating *themselves* on the management of asylums, and particularly with reference to the views of the Association of Superintendents. They have appeared in letters, in pamphlets, in reviews of these pamphlets and in analyses of these reviews, in anonymous editorials, &c. Where the assumed knowledge has been obtained and what the animus may be does not concern us. We have not undertaken the criticism of this literature, adopting the views of

* The propositions in regard to construction, organization, &c., as well as the "Project of a Law," were published by order of the Association, in pamphlet form, 1876.

Sir Henry Holland: "The time and temper of the physician are both greviously wasted if submitted to controversies, utterly useless, where ignorant asseveration takes the place of that evidence which alone can establish a medical truth." However, when an attempt is made to influence legislation by ungenerous and unwarranted attacks upon the management of institutions, it is only proper to give the public the facts. The latest phase of these assaults is an anonymous editorial in the *New York Herald* of March 23, 1878, as follows:

INSANE ASYLUM MISMANAGEMENT.

The subject of the mismanagement of the insane asylums of this country, and the cruelties and unscientific treatment to which their inmates are subjected, have finally compelled the attention of physicians and others not directly connected with such institutions. At a recent meeting of the Medico Legal Society of this city—a society composed of the most eminent members of both the medical and legal professions—the subject of asylum abuses was fully debated, with special reference to the asylums of this State. In the course of the evening the *assertion* was made that the insane asylums of this country are among the worst, if not the very worst, in the civilized world, and that, instead of improving, they are actually falling off year by year from the comparatively high standard of a few years ago. Thus, *within a short period* a measure of personal restraint has been introduced which equals in horror anything used in asylums before Pinel and Conolly undertook their reformation, and in which a wild beast could not be humanely confined. This is a crib, made after the pattern of a child's crib, but with a barred lid to it. Into this cage the poor lunatic is put, and the top is shut down and locked. The consequence is that the sufferer is compelled to occupy the recumbent position, for the space between the body and the lid is not more than a few inches. Think of being shut up for days and nights at a time in an apparatus like this, and think what must be the consequence to an already *congested brain* by a position which tends still further to increase the disease! This whole subject of bodily restraint needs overhauling. *It is not allowed in Great Britain at*

all, and the asylum superintendent who should put one of his patients into the Utica crib, as it is called, or muffle his hands in a strait jacket, would certainly lose his position in twenty-four hours, if he did not incur more severe punishment.

Let the asylums be investigated. If they are in good condition and well managed, so much the better for those who control them. If they are as bad as they are said to be, the sooner the public knows the fact the sooner the proper remedy can be applied. At any rate it is creditable to New York that the inquiry is to begin here.

A memorial was presented to the Legislature, on the 25th of March, and a resolution offered for an investigation, which was laid on the table and has not since been taken up.

We do not propose to enter, at this time, into a discussion of the general subject of restraint as employed in asylums,* or to make any remarks touching the humane character and management of these institutions; the literature is abundant, and the institutions speak for themselves. The ignorance manifested in the above editorial is sufficient to carry the refutation of its statements to the mind of any one, at all familiar with the literature of the subject, even though without personal experience. While restraint in the care of the insane has been deemed necessary, and used by all nations at all times, the *modes* of restraint have properly been subjects of discussion and earnest thought by those having direct care of institutions, or official relations to them. In Great Britain it has been proposed by some to abolish certain forms of mechanical appliances, restraining the hands by leather muffs, camisoles, mittens or simple leather wristlets attached to a belt around the waist, &c., and to use

* See AMERICAN JOURNAL OF INSANITY, July, 1877, *Mechanical Protection for the Insane*, by Eugene Grissom, M. D.; and October, 1877, Discussion on Restraint.

instead of these the direct application of manual force by the hands of attendants. For the general restraint of the patient, the three following methods have been adopted—bed-straps, the crib-bed and forced seclusion in a padded room.

The crib-bed was devised in France by Dr. Aubanel of the Marseilles Lunatic Asylum, in 1845, and described in the *Annales Psychologiques* for November of that year. This bedstead was introduced into the Asylum at Utica, by Dr. Brigham, in 1846, and described as "made in the form of a *bunk* with a convex lattice work covering it, and fitting evenly to the margin. This is of such a height as to allow the patient sufficient freedom of motion; it is affixed by hinges to one side of the bedstead, like the cover of a trunk, and is fastened at night by two clasps on the opposite side."*

Dr. Wm. Wood, medical officer of Bethlem Hospital, England, describes a similar bed which he calls the enclosed bed, of which he gives a drawing, in *Winslow's Journal of Psychological Medicine*, Vol. V, 1852.

The principle of this bedstead, then, is that of a crib with a lid to it, the inside being padded; the bedding being either the new bed which I have described above, or ordinary mattresses, the lid consisting of a net-work of webbing without any woodwork projecting over the patient as he lies in bed, and being at a sufficient height from the top of the mattress to allow of free movements by turning from side to side, without touching the cross-webbing of the lid.

In 1854 the bunk, or Aubanal bed, was abandoned at Utica, and one constructed modeled after the pattern described by Dr. Wood, with this modification; the sides were made with rungs like an ordinary child's crib instead of with boards as the English bed. This bed, as now employed, is thus described in the eighteenth annual report of the New York State Lunatic

* For full account, see AMERICAN JOURNAL OF INSANITY, October, 1846.

Asylum, 1861: "This bed is constructed like an ordinary child's crib, with the addition of a slatted cover. This arrangement does not interfere with the movements of the patient in rolling from one side of the bed to the other, or moving the limbs in any way; it merely prevents the patient from sitting up or getting out of bed. As the sides and top are open, the air circulates as freely about the patient as in an ordinary bed. Restraint, in a horizontal posture, is used in cases of exhaustion, when the physical health of the patient demands that he be kept in bed; the medical thought involved is readily appreciated. Sick people ordinarily lie in bed under the advice and direction of the physician, but the same class when insane, will not always do so, and these arrangements are to effect this end." The bed-strap has long been discontinued in the Asylum at Utica, and padded rooms have never been used.

In the *Edinburgh Medical Journal*, October, 1868, in an article on Typho-mania, Dr. Lindsay speaks of the—

Use of the "Protection-Bed," otherwise variously known as the "*Box-bed*" or "*Locked-bed.*"—Where there is danger from the exhaustion consequent on the simple effort to get out of bed, or the scarcely less immediate risk from exposure to cold—where, moreover, the patient has an uncontrollable propensity to get out of bed and expose himself to falls and to cold—there is no arrangement comparable with the bed in question. It is simply a bed with a lid—to be locked or not as the case may require. It may thus be rendered impossible for the patient to get up or out thereof without permission of his attendant. Its use renders him quiescent for the time, while it maintains warmth and does not prevent free ventilation. I have repeatedly tried it in various forms, and have no doubt as to its having prolonged several lives, and prevented many accidents, that would have been sacrificed, or that would have occurred, under the customary arrangements of many or most other asylums. Such is my opinion of its usefulness, that I think it should find place not only in every lunatic asylum, but in every general hospital; for I remember the difficul

ties that used to occur in (*e. g.*, the fever and delirium tremens wards of) the Royal Infirmary of Edinburgh, and the impossibility of dealing with occasional patients otherwise than by mechanical restraints of the nature of strait-waistcoats and strappings to bed. Unfortunately for its usefulness, however, the box-bed is somewhat unsightly; while many asylum authorities, who do not consider confinement in an asylum or a bed-room "restraint," inconsistently place in that category an appliance which differs only in *degree*, not in kind; they prefer apparently to give a blind adherence to a principle, which, however good in proper time and place, may be, and is sometimes, carried mischievously to an extreme, rather than, independently of all other considerations, to regard what is the best treatment in and for the case of each individual patient. The "Protection-Bed," so called by Dr. Browne, Commissioner in Lunacy for Scotland, was for many years by him employed in the Crichton Royal Institution (for the Insane) Dumfries,* where it is still used by Dr. Gilchrist; by whom, further, it was also employed in the Royal Lunatic Asylum, Montrose. Dr. Robertson, of the Town's Hospital, Glasgow, who has lately visited the United States, informs me that the said bed is extensively used in the lunatic asylums of that country; and the fact that it is so used by physicians so advanced, amidst a people so enlightened, as those of America, seems to me a strong argument in favor of its presumptive usefulness.

In the *Edinburgh Medical Journal*, February, 1878, appears the following article, to which we invite the attention of our readers. In our next issue we shall continue the general subject of restraint:

The Protection-Bed and its Uses. By W. Lauder Lindsay, M. D., F. R. S. E., Physician to the Murray Royal Institution, Perth.

In all classes of hospitals, public and private, and in all ordinary dwellings that are for the moment, by the

* It is worthy of note that this appliance (which offers the best treatment *in certain exceptional cases*, and which treatment is thereby, in these cases, the most humane and enlightened, whether or not the bed in question is to be considered a form of "restraint") has been and is used in those institutions in Scotland, which are distinguished for the extent to which they have developed the (absurdly so-called) "non-restraint" principle.

illness of some of their occupants, converted into hospitals, there are every now and then patients whom it is most desirable to keep comfortably and safely in bed, and whom it is difficult or impossible, with ordinary appliances to nurse or treat properly, unless they are prevented leaving bed at undue seasons or under unfavorable circumstances. There are, for instance, helpless patients—such as *epileptics* and *paralytics*—who are apt to fall out of ordinary open beds that have no means of protection at the sides; and the results of such falls, in the absence of nurses, say, during the darkness of night, may be either dangerous bruises, fractures, dislocations or other injuries, suffocations, or the setting up of rapidly fatal acute inflammations from exposure to cold. Then there are persons laboring under the various kinds of *delirium*, who, eminently, but aimlessly, restless, are perpetually getting out of ordinary beds and wandering about their apartments in their thin bed-dresses. Here the results again are various, according, for instance, as the escape from bed happens by daylight or during the night. Suicides by precipitation from windows or by means of cutting instruments; escapes into town or country in the dead of winter and death by cold; fatal injuries from knocking against furniture or by falls of all kinds; struggles with captors, involving equally serious injuries, or at least, the risks thereof; or fatal pneumonia, phthisis, or other acute inflammations set up by a prolonged or sudden exposure to intense cold—are all among these results. Next there are the *maniacal* inmates of lunatic asylums or private houses, who are ready for every kind of self-destruction or other mischief whether by night or by day.

At present, and for the most part, such patients are treated in hospitals or ordinary dwellings, in some of the following ways:—

1. They are subjected to various forms of *mechanical restraint;* they are bound to their beds by various combinations of sheets, straps, or other fastenings. This mode of restraint is exemplified in the treatment of delirium tremens patients in many hospitals and jails. The patient may not, however, be fastened to the bed, but only rendered helpless and motionless, so that falling or getting out of bed becomes impossible. This is accomplished, for instance, by what is known as the "wet-pack" system in certain English lunatic asylums, the most complete form of mechanical restraint that has yet been devised; as well as by the use of strait-waistcoats, handcuffs, and various modes of fastening together the legs.

2. They are forcibly held in bed by relays of *attendants,* at least two attendants being required on either side of the bed. The result of this mode of management, which is a personal or manual, instead of a mechanical, restraint, is quite as disastrous as mechanical restraint itself is or can be, even when employed or applied in its most objectionable forms.* Exasperation on the part of the patient; incessant struggles between him and his attendants, whom he naturally regards as cruel tormentors; exhaustion, sleeplessness, bruises, or other injuries, are among the many fruits of such a treatment. I find it increasingly difficult to get good attendants, especially female ones. They object to all sorts of extra trouble or risk; they demur at cleansing the dirty, at dressing the untidy, at running risks from the violent. Rather than do any of these things they refuse or resign office. Again, the best-natured of attendants are prone to lose their temper under intense

* I have contrasted manual and mechanical restraint in certain Medical Reports of the Murray Royal Institution, *e. g.*, 37th (1864) p. 12; 39th (1868) p. 16; as well as in several papers in the *Edinburgh Medical Journal* (*e. g.*, in Vol. xi., 1865, p. 449; vol. xiv., 1868, p. 333; and vol. xvi., 1870, p. 421).

and continuous provocation; hence the assaults so frequently made by attendants on patients in lunatic asylums, where these attendants are called upon for the exercise of virtues that, did they exist, would be more than human. Lastly, the very best of attendants—of hireling servants—require incessant supervision if they are to do their duty to patients requiring unceasing care. Whenever they are left to themselves, these attendants become careless and neglectful; and the interests of the patients necessarily suffer.* In Scotland, at least, we have nothing, so far as I know, comparable with the nursing of the Roman Catholic brotherhoods, and especially sisterhoods, of the continent. There whole hospitals, including those for the insane, are "served" by men or women, or both, who, from the highest motives, devote themselves to the care of the sick, and whose service is consequently of a real and trustworthy kind. But that sort of human nature which looks simply to the profit to be made by nursing—that of which the nurses of some infirmaries and the attendants of our own asylums consist—is not of the same noble order. And we must take our nursing material as we find or can make them.†

3. They are thrust into *padded rooms* which sometimes have padded floors. There, on a mattress or without one—but without any kind of bedstead—the patient is left to himself. The result of this sort of

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*Thus, on visiting an hospital cholera patient during the night, I have found the patient dying and the nurse dead drunk, having swallowed all the whisky, brandy, or wine intended for her charge. And this particular form of neglect of duty is only too common, both in male and female attendants.

†I have repeatedly, during the last twenty years, pointed out—in print—how ample and excellent a sphere the care of the sick in hospitals—both for insane and sane—offers to "unattached" or single women of the middle and upper ranks. Thus, there is a short special notice of "What Educated Women could do, but don't," in *Excelsior*—a publication of the Murray Royal Institution in 1864 (No. 19, p. 7).

"liberty of the subject" on the one hand, and of "seclusion" on the other, is that the patient frequently strips himself quite naked, and crouches in a corner of his "cell," exposed to the dangers already described from cold.* Or he is restless, mischievous and destructive—amusing himself by tearing to shreds his body and bed-clothing, as well as by stripping off the covering of the padding of the walls or floor of his cell and dragging forth the padding itself.

4. They are *drugged* or drenched with all manner of *narcotics* or soporifics, sedatives or calmatives, in doses that are at all times dangerous, and are not unfrequently—directly or indirectly—fatal; the immediate and perhaps the sole object being the induction of sleep, or at least of quietude, on the principle of "peace at any price."

Now none of these are fancy sketches. So far from there being any exaggeration—attempt thereat or desire therefor—it is simply impossible for me here to paint such pictures in their true colors—to describe what I have myself seen, and sometimes over and over again, in hospitals for the sane and insane in our own and other countries. That an immense amount of *preventible* mortality—disease, accident, misery—is the fruit of the improper management of patients belonging to the classes, for example, of general and other paralytics, epileptics, fever and other delirium cases, maniacal or other lunatic patients, I have not the slightest doubt.

Very early in my own practice, twenty years ago, at least, I was thoroughly dissatisfied with the current

* Thus, perfectly nude lunatics, without an article of clothing or bedding in their cells, have been exhibited to me, through the eye-holes and double doors, in asylums which boast that they are conducted on the "non-restraint" principle—meaning that they are ruled by the mischievous dogma that in no form, and under no circumstances, should mechanical restraint be employed or applied.

modes of dealing with such patients. Casting about for some satisfactory substitute, I was led, as life-saving or protecting apparatus, to adopt and adapt the idea of the crib-bed of the child—the cot so familiar in our nurseries—adding, however, a lid in the case of patients who would scramble out of a bed with sides merely. In the course of twenty years I have had at least six kinds or forms of these beds made, according to the varying requirements of different kinds of patients. All of them were *experimental*, my object being to combine lightness of weight, easy carriage-ability from place to place, with strength sufficient to resist the violence and the destructive propensities of the maniacal. Sometimes all six beds were in use at the same time, for different kinds of patients; while at other times—and this usually—no such bed has been required in any part of the Murray Royal Institution; and it may here be added, that the institution does not possess, and never did possess a "padded room."

The kind of bed that I have found most useful is the following; and I venture to recommend some such bed to the attention of the medical profession generally, because I am satisfied it is very much wanted in all departments of medical, surgical, and obstetric practice. I am not to be understood, however, as recommending only or preferentially to my confrères who are engaged in other departments of practice, the special form of bed that has been devised and used by myself. On the contrary, I desire it to be distinctly understood that

1. The same form or strength of bed that is necessary in one class of cases—say violent mania—is not necessary in others—for instance, helpless paralysis.

2. The locked lid is only to be used where necessity requires—where a patient would otherwise, to the risk of his life, climb over the sides of the bed.

3. The folding side and its low level, only a few inches above the floor, are most useful in paralytic or other cases that have frequently to be lifted out of bed in order to be bathed or cleansed, and the bedding removed.

4. The use of such a bed does not obviate the necessity for *special attendance*. On the contrary, it is an adjuvant to suitable attendance in a duly-equipped *sick-room*.

Each physician, surgeon, or obstetrician may make his own modifications on the general principle of its construction, viz., that a bed for certain classes of invalids should consist of four easily-movable, separate parts, viz: (1) a lid; (2) a box-like body having a folding side; (3) a stand for the said body; and (4) a bottom.

My own experimental beds have had to be made of sufficient strength to withstand the violent assaults of the ingenious, persevering, strong maniac; and I have not yet found it possible to combine strength of spars in the lid, for instance, with desirable lightness or thinness. All our spars have been occasionally broken by the strong grasp and wrench of destructive patients—a difficulty that might, of course, and probably should, be got rid of by the use of mechanical appliances for the confinement of the hands.

I have designated the bed I have been so long in the habit of using "The Protection-Bed"—a term happily applied to it, many years ago, by Dr. Browne of Dumfries, when he was one of H. M. Commissioners in Lunacy for Scotland, and who had occasion to see such beds in use here during his official inspections. Moreover, he had himself, when at the head of the Dumfries Asylum, used beds of a somewhat similar kind. And in America such beds are,

and have long been, in common use in its hospitals for the insane.*

With certain exceptions, the whole bed may be made of any ordinary pine, or white or *soft* wood, and varnished. The exceptions are the spars of the lid, and the feet, which should all be of birch or other *hard* wood.

Both the interior and exterior may be decorated by various forms of stencilling or hand-painting.

There is no occasion for padding the interior. I have had at least two padded beds; but I did not find these padded beds superior in any respect—even in epileptic cases—to unpadded ones.

Each bed should have at least two—and much better three or four—movable bottoms, so as to admit of change and cleansing in the too-probable event of soakage by urine.

The lid should be so hinged to the body of the bed that it can be removed at a moment's notice; and, when not in use—that is, fastened down—it should always be completely detached and kept in a separate room. If it be simply thrown up against the wall without being unhinged, an incautious attendant, a restless or mischievous patient, may, by a slight push or pull, bring it down with such force as to produce fatal injury to the head, or serious fracture of a limb, should either head or limb be in its way. By making it a rule always to keep the movable lid, when not in use, in a separate room, and to remove it to that room the moment it is unhinged from the body of the bed, there would be no risk of injury from such a source.

The interspace between the spars of the lid should be such as to prevent extrusion of the whole hand or

* A paragraph on "The Use of the Protection-Bed" may be found in the *Edinburgh Medical Journal*, Vol. xiv., 1868, p. 332.

of part of the arm; for if the hand and arm be permitted free operation outside the lid, endless mischief will result—apart from the fracture of the spars themselves, whereby, of course, greater scope is obtained for freer action on the patient's part.

The lid, when down, should be firmly fastened to the body of the bed, and this is accomplished in three ways:—

1. By insertion of a strong metal pin through the point of the tongue of the hinge. 2. By the close adaptation of a bead on the edge of the bed to a groove on the under side of the lid; and 3. By the use of a padlock or other form of lock.

The folding side of the bed is most conveniently fastened by means of brass sliding-bolts, sunk in the wood. I have tried various kinds of hooks and eyes, but they do not keep the side so tight, and they are apt to be unloosed by the busy fingers of the patient if by any means he gets them extruded through the spars of the lid.

The bedding may consist of ordinary or special mattresses, pillows, blankets, quilts and sheets, according chiefly to the habits of the patient as to the passing of urine and fæces, or as to destructiveness. In the case of those who pass all their evacuations in bed, I have found it most convenient to divide the mattresses into three equal portions, the two end ones being made in the ordinary way, of the ordinary materials, while the central one is a small bag filled daily with fresh, washed horse-hair. I prefer the latter arrangement to the use of perforated mattresses, covered with india-rubber sheeting. I know no worse material to use than the latter in the case of patients who incessantly soak their surroundings with urine. The Mackintosh sheets, so generally used in such cases, very soon smell

abominably, the result of the decomposition of the urine, which attaches itself quite as firmly to such an apparently non-absorbent material as it does to absorbent blankets or sheets. Nor have I found any mode or degree of washing, deodorizing or cleansing sufficient to purify this contaminated sheeting. I think it better now to use no india-rubber or gutta-percha appliances of any kind in such cases; or, indeed, in any cases at all, for they become useless simply by age.

In the majority of cases, ample room may be given to the patient in the protection-bed for tossing or turning. But, in exceptional conditions, it is necessary so to fill the bed with mattresses and bedding that the patient has room only to turn comfortably. Otherwise certain restless, mischievous patients can strip themselves and crouch at one end by piling up the mattresses and bedding at the other; or they get underneath all the mattresses, and so lose advantage of the soft and copious blanketing provided.

All such instances of mischief arise from leaving the fingers or hands free; and the obvious means of preventing it, therefore, is to resort to some means of confining the arms and hands. I am aware of no good end to be attained by bestowing freedom of action in such cases. The result is simply incessant activity and wakefulness; and this is indubitably exhausting and injurious. On the other hand, there is everlasting risk of mischief—both to the patient himself and to all who come in contact with him—by leaving to him an amount and kind of liberty of which he makes no good use. There is nothing to prevent the application of mechanical restraint in such cases but the circumstance that this—the most humane, the most common-sense, means of treatment—runs counter to the spirit of the age, to that paramount "public opinion" to which most

men bow down in servile idolatry. This public opinion against the use of mechanical restraint, for instance, in the treatment of the most dangerous form of violence, that of the maniac, was created mainly by the doctrinaire Conolly, and has been fostered by the official behavior of Government Boards of Lunacy, and by the press, medical and general. It is, nevertheless, based on one of the grossest absurdities and fallacies of the day—an egregious error, to which thousands of lives have been ruthlessly sacrificed.

I have been in the habit of using the protection-bed in a comfortably heated and furnished *sick-room*, whose arrangements are presided over by a *special attendant*, usually the most experienced attendant in the institution. Whenever it becomes desirable that the patient should be raised from, or allowed out of bed, this attendant calls what assistance he requires, and the patient's interests are sedulously cared for. This personal supervision goes on night and day; for such sick-rooms are never left untended by a proper officer.

The general result of the use of the protection-bed, in some of its forms, as compared with the orthodox modes of dealing with the classes of patients already described, is this—in my opinion—that it is directly and decidedly conservative of life and health, and preventive of injury and disease.* And, in virtue thereof, I believe its employment to be one of the most important practical matters that can attract the attention of the physician, and especially of the hospital physician. By non-professional persons who have unhappily had relatives requiring at home some such adjunct to personal nursing, the value of such a bed has been per-

* Its use in the treatment of the insane is specially commented upon in the Medical Report of the Murray Royal Institution for the Triennium, 1865–8, p. 15.

ceived at once, so that I have had occasion to lend out for long periods, some of our spare protection-beds for the use of invalids, kept at home for private treatment.

Very naturally it may be, has been, and no doubt will continue to be argued, that grown-up men and women must resent being treated like *children*—literally "cribbed, cabined and confined," as they are, in beds with sides and covers. And it is the case that certain patients do resent the use in their persons of the protection-bed, objecting to the lid especially. But the same patients resent, and as violently, the simple deprivation of their liberty, their removal from home, their compulsory confinement in an asylum, and the whole discipline to which they are there *nolens volens* subjected. And the real question in such cases is, or ought to be, not what the patient resents or objects to, but what is for his benefit, present and future. All parents are agreed as to the inexpediency of indulging children in all their whims, or of listening to their protests against all that which, though disagreeable, is nevertheless salutary. And insane patients are very much in the position of *children;* with the added power for evil that greater strength and size and a developed mind can confer. But incalculable mischief results at the hand of Lunacy Commissioners and patients' relatives from not treating the insane, in certain respects at least, as children. Not what is best for them, but what will gratify or pacify them, is what is too frequently considered; and hence laxity is substituted for stringency of discipline, where the one is no doubt the more agreeable to the patient, and the other, with still less doubt, is the more salutary. As regards the protection-bed, then, the real question is, not whether this or that patient likes it or objects to it, but whether its use is indicated, in his case, as likely to be beneficial.

It has occasionally happened, in my own experience, that the most violent maniacs have become quiescent whenever in such a bed they have found themselves *mastered* and powerless. And in such cases, in this form of bed only, has sleep occurred after many nights and days of struggle with attendants. This sensation of being *mastered* is one that must be produced in many violent patients if discipline is to be successfully carried out in lunatic asylums. It is all very well for *doctrinaires*, who have never themselves had to contend with the difficulties connected with the management of maniacs, to talk of "moral suasion." In many cases it is of no use whatever, and nothing but *superior physical force* is to be trusted to. Were not the physical force, and the intelligence with which it can be duly applied, on the part of our asylum staff, superior by far to that of the patients, asylum discipline—asylum treatment—the present "humane system," as it is called, of dealing with the insane, would be impossible. And it is from the non-application of physical force, judiciously and dispassionately of course, in cases requiring it, that so many accidents occur to and from the insane, both out of asylums and in them.

On the other hand, I have had patients, such as fragile, hysterical young ladies, sent to me from other asylums where their maniacal violence had been repressed by manual, not mechanical, restraint, and who were utterly exhausted by want of sleep and by incessant struggles with attendants—struggles directly provoked by the mode of treatment. These patients were at once consigned to the protection-bed, in which they slept like children. And not only so, but they acquired such a preference for their "cribs," such a confidence in their protective power, that they have asked to be allowed to go on sleeping in them—sometimes even with the lid in

use, where it was not for any other reason than the gratification or satisfaction of the patient required. Moreover, they have themselves contrasted this mode of treatment with the other—favorably as regards the bed, and favorably as regards also mechanical compared with manual restraint.

While in some cases, then, there is a terror of, or objection to, the protection-bed, of the same kind as that which exists in regard to lunatic asylums, as supposed places of punishment and certain places of detention, in others there is quite as marked a liking for it and appeal for its employment; just as, in certain cases of recurrent mania, the patients themselves voluntarily, and most wisely, "seclude" themselves in their own rooms, in defiance of all the dogmata of Lunacy Boards as to the imaginary evils of "seclusion."

THE

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